



EXHIBIT 13
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HB SB 272
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House Human Services Committee
Montana Legislature

Re: Opposition to SB 272

Honorable Members of the House Human Services Committee:

I am a practicing pathologist in Billings. I ask you to not pass SB 272, which would allow psychologists prescriptive authority for psychotropic drugs, and which has the potential to harm people. The subtle amendments proposed during this session do nothing to strengthen the bill or better address the problems with the bill.

Although I am located in Billings, I have been a medical director for several rural hospital laboratories, and I am in regular contact with rural providers and aware of the issues they are confronted with. As a pathologist, I do not prescribe medications, so this bill does not affect my practice directly. Rather, I view this issue from a patient safety and system of care perspective. Perhaps even more important, I view this from a perspective of "what if" one of my family members needed mental health services - what kind of care would I want them to have and assure their safety.

It appears that lawmakers are not getting the full story, which is very concerning to me. While it is true that there is a lack of access to mental health services across Montana, this bill is not the answer or even a partial answer to a very complex problem.

Indeed, the Indian Health Service has been able to demonstrate some success with their model of prescribing psychologists as part of a tightly integrated caregiver team. However, the IHS model of care is completely different from what exists across Montana, particularly in rural areas. Small communities simply do not have the same care model that has been touted by the proponents. Assuming that they can rapidly develop a similar model is unrealistic.

Consider all of the medical practitioners who currently can prescribe medications: Internists, Family Practice and General Practice physicians, Physician Assistants & advance practice Nurse Practitioners. These providers have the necessary training to take care of the health of the entire person and manage the complexities of multiple medical problems, drug side effects and drug-drug interactions. Psychologists do not have this training, and the proposed training program listed in the bill is insufficient for providing this knowledge. Additionally, there are far more providers that currently have prescriptive privileges located in the rural and frontier areas than there are psychologists. An appropriate system of care should have a medical professional working in collaboration with a psychologist to take care of the whole patient: the psychologist counsels the patient and provides cognitive therapy, and the medical professional manages the patient's medical problems and

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medications.

One of the more significant problems with mental health services in Montana is the lack of counseling services. We need more people providing cognitive therapy, and less reliance on medications. This is true in the Indian Health Service and across Montana. Contrary to what society tends to believe, prescribing a pill is not always the answer.

This issue cannot be compared to other diseases and professions, such as optometry. Psychotropic medications that affect the entire body are vastly different from a local, topical medication (such as eyedrops for glaucoma), and the consequences are much more serious.

Specific problems with this bill:

- Risk/reward: This bill will have minimal impact on access and patient care, but creates more risk for patient safety in an era when we are trying hard to reduce medical errors and improve safety.
- The level of training proposed is insufficient for psychologists to adequately deal with the large and rapidly increasing number of psychotropic medications available - each with their own side effect and drug-drug interaction profile.
- There is no on-going physician oversight of psychologists after an initial training period. Suggesting that psychologists "collaborate" with other providers is too vague and suboptimal for our rural environment. If allowed to prescribe, psychologists need to be under the direct supervision of a physician, similar to the requirement for Physician Assistants.
- There is no requirement for liability insurance of prescribing psychologists. Other providers will have de-facto responsibility for managing medications and assume the liability.

A majority of other states have previously considered similar bills and rejected them. Is this really an area that we want Montana to be out in front of everyone else, and risk patient safety? I suggest waiting to see how this issue plays out in many other states before making a permanent change to the practice of medicine and patient care in Montana.

Mental health care in Montana is a very complex problem. Simply giving prescriptive authority to sub-optimally trained individuals may do more harm than good. This issue needs to be studied in greater detail from a system perspective, which is better accomplished in the interim. I urge you to oppose SB 272.

Sincerely,



Michael S. Brown, MD